

Trauma Systems Advisory Committee
Cannon Health Building, Room 125
Meeting Minutes
Friday, February 23, 2007

Committee Members	Dr. Richard Barton, Mark Billmire, Susan Copeland, Clay Mann, Kevin McCarthy, and Deanna Wolfe
Excused	Dr. Robert Bolte, Dane Chapman, Dr. Kevin Clark, & Vicki Kershaw
Guests	None
Staff	Jolene Whitney, Dru Fry, Robert (Bob) Jex, Josh Legler, and Allan Liu
Presiding	Dr. Richard Barton

Agenda Topic	Discussion	Action
Welcome & Introductions	<p>Dr. Barton welcomed all and announced the quorum.</p> <p>Susan Copeland, ER Manager for Allen Memorial Hospital in Moab, attended her first TSAC meeting. As a new TSAC member, she made her introduction. Allan Liu introduced himself as the new Support Services Coordinator for the Bureau of EMS.</p>	<p>The previous meeting minutes (October 20, 2006) were approved unanimously.</p>
NTR Data Elements Criteria and Inclusion	<p>Dr. Mann passed out a notebook describing and comparing the National Trauma Data Standard (NTDS) with the current data sets from the Utah Trauma Registry. Utah Trauma Registry must follow the National Trauma Data Standard as Utah's data feeds into the National Trauma Data Bank (NTDB). If Utah's data elements are different than NTDB, incorrect analysis of the data could be made. Because the national database is built w/ NEMSIS, eventually Utah EMS data could self-populate in NTDB. The outcome data could flow back to NEMSIS, too. It is important to follow the national standards and in doing so will require a rule change.</p> <p>Jolene: There are specific costs with following the Utah criteria versus the national criteria. The NTDB allows inclusion of all hospital admissions. The State's definition is for all admissions greater than 48hrs. In following the national standard, all admissions (stays greater than 24hrs) will increase the amount of work for the hospitals. The financial impact to the State supporting the non-designated hospitals will be an extra \$15K-\$20K per year to the state in expenses.</p>	<p>Compliance w/ NTDB data elements. Motioned by Deanna, second by Mark.</p> <p>24hrs or longer admissions and ground level falls as part of the Utah Trauma Registry, motioned by Deanna, seconded by Kevin.</p> <p>The committee voted unanimously to adopt the NTDS data elements and inclusion criteria.</p>
Review Hospital EMS Grant Applications	TSAC members ask that the EMS committee to fund all hospital requests except for Uintah Basin. Uintah Basin's request for communication devices does not meet grant requirements. The Bureau of EMS was requested to direct Uintah Basin to other grant	Mark Billmire motioned that the hospitals receive funding detailed on the attachment. The motion seconded by Deanna Wolfe.

	<p>resources. Discussions were made of available grant funds and the possibility to fund the full amount of hospital designation fees, hospital trauma database program upgrades, and performance improvement programs.</p>	<p>The committee voted unanimously to recommend that Beaver receive the full amount requested. The committee also recommends full funding for all trauma center designation fees, hospital trauma data program upgrade fees, and performance improvement programs.</p>
Fact Sheet Review	<p>Stark findings on fig 3, Clay explained that there are fair amounts of trauma cases being received in non-designated hospitals. Questions were raised regarding the mortality figures for over/under triage and head injuries data. The questions may be answered through the registry data.</p>	<p>Motion to approve this Utah Trauma update as written by Susan. Deanna seconded the motion.</p> <p>The committee voted to approve the data sheet unanimously.</p>
Rule Change for Trauma Center Criteria	<p>Bob Jex discussed the national standard of ACS and the language needed to bring Utah standards to meet the national criteria. The rule needs to be changed to:</p> <p>R426-5-3. Trauma Center Criteria and Triage Guidelines. The Department shall establish criteria for Level I, II, III and IV trauma center designation, compliance with national criteria published in the American College of Surgeons document: Resources for Optimal Care of the Injured Patient 2006 which is adopted by reference. Level V trauma center designation is based upon the American College of Surgeons criteria for Level IV facilities except that there need not be a general surgeon on the medical staff. A Level V Trauma Center may be staffed by nurse practitioners or certified physician assistants. The Department adopts guidelines based on the Field Triage Decision Scheme in Chapter 3 for Resources for Optimal Care of the Injured Patient 2006 as criteria for triage, transport, and transfer of trauma patients.</p>	<p>Deanna motioned and Kevin seconded.</p> <p>The committee recommended using the previous state triage criteria wording. Bob was directed to bring a revised Field Triage guideline for review to the next meeting.</p> <p>The committee approved the criteria language presented in the new rule change.</p>
Information Items	<p>POLARIS—Josh Legler reported 45 agencies are now live. 80 agencies have submitted transition requests. 500 reports are being completed a week. When all agencies are fully transitioned we expect 500 reports a day. Twenty hospitals have received training on POLARIS. Air ambulances meeting still have not been scheduled. Also, Mr. Kade Scoresby has been hired to assist with the POLARIS training.</p> <p>ADLS/BDLS classes—UNLV has been selected to train the classes as they are the closest accredited center. Dru Fry explained that there will be one BDLS class, one ADLS, and a BDLS Instructor course. Forty people</p>	

	<p>have signed up for the ADLS class, 48 for the BDLS class, and 12 for the BDLS Instructor class. Another BDLS class is scheduled in May at the UAEMT Conference in St. George.</p> <p>Trauma Rescue Survey/Design---Bob Jex reported 28 non-trauma designated hospitals responded to the survey. This was a 100% response.</p> <p>Research Consultant—From Jolene Whitney, the new Bureau of EMS Research Consultant, Diane Hartford, will be introduced at the next meeting.</p>	
Next Meeting	Friday, April 13—1pm to 3pm	